



INTERSTATE COMPACT FOR JUVENILES

OUT OF STATE TRAVEL PERMIT AND AGREEMENT TO RETURN

TRAVEL PERMIT

☐ VACATION/VISIT ONLY ☐ VISIT FOR TESTING PLACEMENT

To: _____ (Receiving State) From: _____ (Sending State)

From: _____ (Name, Title) _____ (Agency/Department) _____ (Phone #)

Re: _____ (Juvenile's Name) _____ (DOB) _____ (Race/Sex)

_____ (Offense) _____ (Court/Agency #) _____ (Legal Status)

Present Placement (check one): ☐ Detention ☐ Residential ☐ Community
☐ Furlough ☐ Foster Care ☐ Other (Specify) _____

Location: _____ (Address)

Permission is granted to the above-named juvenile to visit the State of _____
from _____ (Date) until _____ (Date)

☐ He ☐ She will be staying with _____ (Name) _____ (Relationship)

at _____ (Full Address) _____ (City) _____ (State) _____ (Zip) _____ (Phone #)

Reason for Visit: _____

Mode of Transportation: _____

Special Instructions: _____

Completed by: _____ (Name) _____ (Title) _____ (Date)

I, the undersigned, recognize that I am under the legal custody/jurisdiction of the State of _____, Department/Court _____. I hereby agree that I will comply with the rules and regulations of my state of jurisdiction and the State of _____ and with the above conditions and instructions. I will return to the State of _____ on _____ voluntarily and without further formality. In signing this agreement, I also understand that my failure to comply with the conditions may result in my being considered absent without leave (AWOL), and a warrant and requisition may be issued for my apprehension and return to the State of _____ for further disciplinary action.

☐ I have read the above OR ☐ I have had the above read and explained to me, and I understand the meaning of it and agree thereto.

_____ (Juvenile's Signature) _____ (Date)

Witnessed by: _____ (Signature of Caseworker or Probation/Parole Officer) _____ (Title) _____ (Date)

Approved by: _____ (Signature of Supervisor) _____ (Title) _____ (Date)